

# Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

## MONTEREY

*Submitted to:*



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# Healthcare Workforce Development Regional Focus Groups and Follow-Up Survey

## MONTEREY

### SECTION ONE: INTRODUCTION

#### BACKGROUND

Due to California's size and the diversity of its geography and population, the accessibility and availability of healthcare services differs greatly from region to region. Because of these regional nuances, strategies to develop the health workforce needed in a given area must be based on a thorough understanding of the region, the characteristics of its population, and the current make up of its delivery system. Additionally, the implementation of the Federal Patient Protection and Affordable Care Act (ACA) will profoundly change the health delivery system and in turn, this will result in significant health workforce development needs.

To better understand these regional healthcare delivery systems, their related workforce development needs, and how these areas will be affected by the implementation of the ACA, the California Workforce Investment Board (State Board) and the Office of Statewide Health Planning and Development (OSHPD) contracted with California State University, Sacramento (CSUS) College of Continuing Education (CCE), Applied Research Services (ARS) to facilitate regional meetings throughout California and to evaluate the outcomes of the discussions as captured by the note-taking instrument completed by group-elected participants. Each regional meeting brought together leaders from the area and provided the opportunity to consider how the ACA will affect their region's health delivery systems, to discuss new models of care that would be beneficial to the region, the region's health workforce needs, the availability of education and training opportunities for healthcare occupations, and to explore partnerships and priorities that are critical for ensuring access to quality healthcare for the region's residents.

The regional meetings convened a cross-section of healthcare stakeholders from the area to address the following objectives:

1. Engage regional stakeholders in preparation to better position California as a strong applicant for the federal Health Workforce Development Implementation Grant and to be a national leader in the implementation of ACA.
2. Learn from healthcare employers what the State can do to assist them in training, recruiting, utilizing and retaining the quality healthcare workforce which will be required under the ACA.
3. Assist the Health Workforce Development Council (HWDC), the State Board, and OSHPD in fulfilling the planning objectives to be achieved under the Health Resources and Services Administration (HRSA) funded Health Workforce Planning Grant, and lay the ground work for the articulation of health workforce development strategies that can become part of California's implementation plan.
4. Establish a foundation for, or enhance, existing regional partnerships aimed at improving alignment of existing health workforce development activities and identifying new activities needed, particularly in response to the ACA.

## SECTION TWO: METHODS

Healthcare stakeholders from the Monterey area were invited to participate in a day-long regional meeting designed to discuss the following questions:

1. a. What are the most significant health workforce development challenges in this region?  
b. What are the biggest challenges that are unique to your region?
2. a. What categories of primary and other health workers are needed in response to the ACA: immediately, within 2 years, and within 3-5 years.  
b. Describe Federal, State, and Local policy changes that could be implemented that would aid in the recruitment, education, training, or retaining of the health workforce.
3. a. What resources are currently being invested or utilized in the region to recruit, educate, train or retain the health workforce and strengthen partnerships?  
b. Where is additional investment needed?
4. a. What successful models of health professions education and training currently exist to supply the health workers necessary to improve health care in the region?  
b. What types of new models will be needed to meet the impact of ACA?  
c. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.
5. a. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?  
b. What else is needed?  
c. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.
6. a. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region? (e.g., local workforce investment boards, one-stop career centers, community colleges, adult education, private training institutions)  
b. What actions are necessary to strengthen existing partnerships and/or form new partnerships?

Upon arrival, participants were assigned to a specific discussion group in an effort to maximize diverse representation of employers, education, and other organizational categories at each table. A detailed discussion of the participant demographics can be found in Section Three of this report.

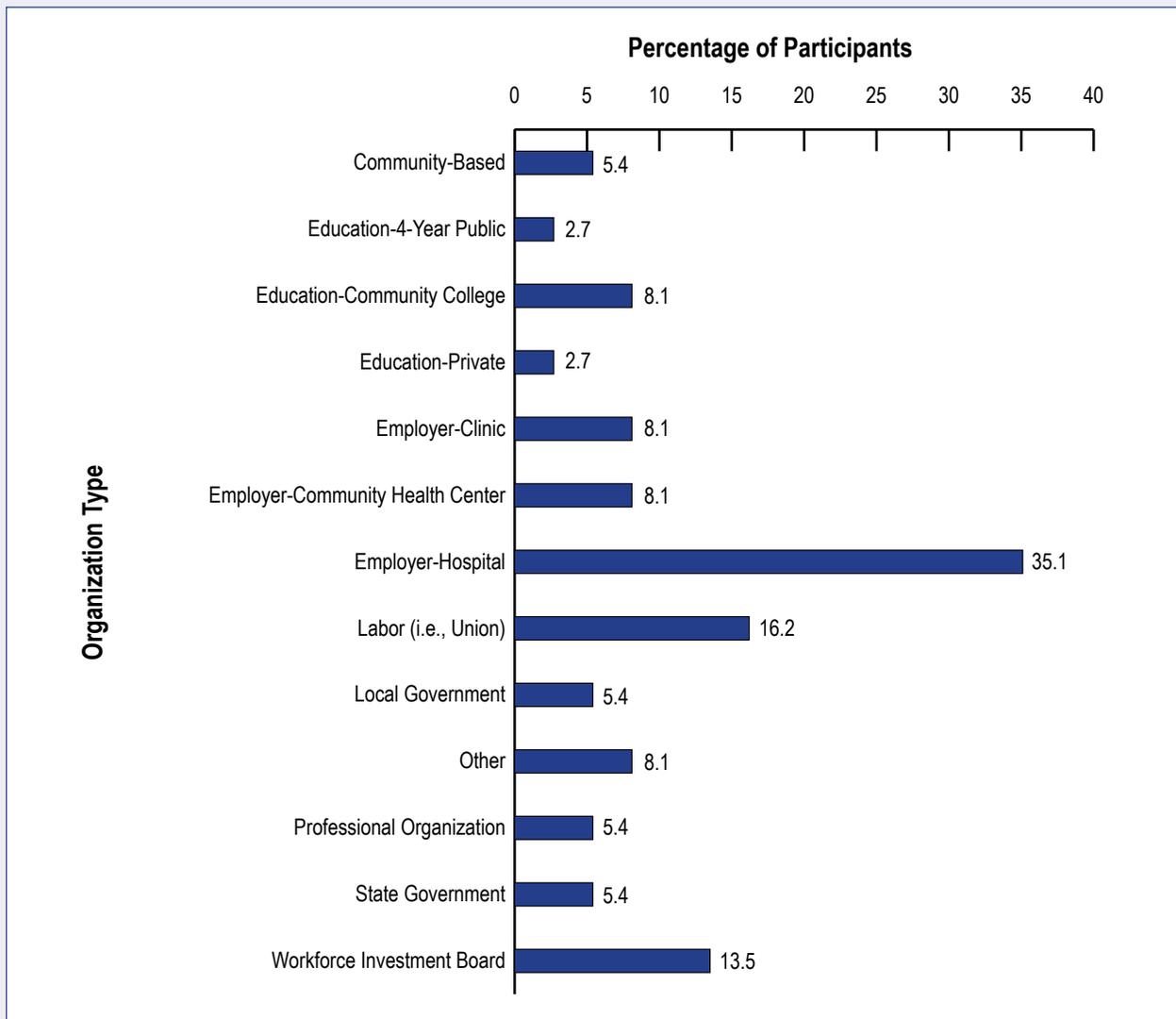
Each group was asked to hold a round table discussion about two randomly assigned questions (one during the morning session and a second during the afternoon session). The direction and focus of the conversations around the questions were determined by the table participants. The groups began by selecting a scribe to capture the ideas generated during the group's discussion on the note-taking instrument (See Appendix B for an example of the note-taking instrument). Each group also selected a spokesperson for the discussion who was responsible for reporting back to all participants. When needed, groups were collapsed in the afternoon session due to a decrease in participants after the lunch break.

At the end of each discussion period, the groups summarized the top three responses for each question generated during their dialogue and reported back to all participants. The responses generated across all eleven focus groups are detailed in Section Five. Based on the top three responses identified by each group, an online follow-up survey was designed to assess the prioritization of the top identified responses generated across groups and to gather: (1) additional resources currently being used to recruit, educate, train, and retrain the regional workforce; (2) successful models of regional health profession education and training; (3) best practices and models used to increase workforce diversity; and (4) regional partnerships. The online survey was distributed via email to all regional pre-registered participants and on-site attendees. Respondents were given 10 business days to complete the survey with a reminder email sent on business day five. The results of the follow-up survey are discussed in Section Six.

## SECTION THREE: MONTEREY FOCUS GROUP PARTICIPANTS

The Monterey regional meeting had a total of 42 participants representing a diverse group of healthcare stakeholders from the following counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Fresno, Monterey, Contra Costa, and Sacramento. Figure 3.1 shows that the majority of participants were employed by a hospital (28.3%). The next largest group of participants categorized their organization affiliation as labor related (13.0%), followed by Workforce Investment Boards (10.9%).

**Figure 3.1**  
**Percentage of Participants by Organization Type**



## SECTION FOUR: FOCUS GROUP RESPONSES

Focus group numbers have been removed to maintain anonymity throughout this report. The top three responses generated during the focus group round table discussions have been captured in the tables below as Summary Items 1-3. Based on the summary items, a list of prioritization options was developed for use in the online follow-up survey. Finally, ideas generated during the discussion that were not considered to be in the top three summary items were also reviewed, and a bulleted list of these items has been included for each question when available.

For consistency, common terms have been abbreviated throughout the document as follows:

- Bachelor of Science in Nursing – BSN
- Doctor of Medicine - MD
- Nurse Practitioner – NP
- Physician Assistant – PA
- Primary Care Provider – PCP
- Physical Therapist – PT
- Registered Nurse – RN

### RESPONSES FOR QUESTION 1

Question 1 had two subsections which were discussed:

- 1A. What are the most significant health workforce development challenges in this region?
- 1B. What are the biggest challenges that are unique to your region?

Responses for question 1A are indicated in Table 4.1. The following items were identified for the follow-up prioritization survey:

- Students from high school lack proficiency in basic skills
- Reduced revenues for education institutions
- Imminent need for additional healthcare professionals
- Need for shorter training (“ramp-up”) opportunities
- Local agencies lack resources needed for bridge building
- Inter-agency standards in education/training for statewide requirements

**Table 4.1**  
**1A. What are the most significant health workforce development challenges in this region?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Basic skills proficiency from high school is very low	Huge need of health professionals in coming years including home health care	Short training programs not yet ready and cost is high
<b>B</b>	Reduced revenues and the effect of budget cuts on education	Resources need to be devoted to local agencies for bridge building	Partner/collaborate inter-agency for standardized training and education for statewide requirements

In addition to the summary items described in Table 4.1, the following ideas were also noted during round table discussions:

- Competent bilingual and bicultural skills needed
- High cost of living hurts training and recruitment
- Appropriate wages to attract and retain workers
- Better defined career pathway for nurses
- Educational training costs are a burden to hospitals
- Behavioral medicine is a big challenge

Responses for question 1B are indicated in Table 4.2. The following items were identified for the follow-up prioritization survey:

- Recruitment difficulties due to lack of alignment between entry level healthcare salaries and regional cost of living
- Additional funding for healthcare education/training
- Capacity of training system needs to be expanded

**Table 4.2**  
**1B. What are the biggest challenges that are unique to your region?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Cost of living in the area is high compared to low wages for entry-level jobs	Need for grants/loans to access training	Capacity of training system is restricted

All discussion topics captured on the note-taking instrument are indicated in Table 4.2. The participants did not indicate any additional items for question 1B.

## RESPONSES FOR QUESTION 2

Question 2 had two subsections which were discussed:

- 2A. What categories of primary and other health workers are needed in response to the ACA: immediately, within 2 years, and within 3-5 years?
- 2B. Describe Federal, State, and Local policy changes that could be implemented that would aid in the recruitment, education, training, or retaining of the health workforce.

Responses for question 2A are indicated in Table 4.3. The following items were identified for the follow-up prioritization survey:

### Immediately

- Primary Care Providers (PCPs)
- Nurse Practitioners (NPs)
- Community health workers
- Physical Therapists (PTs)
- Nurse specialists

### Within 2 years

- Physician extenders (Registered Nurses (RNs), Physician Assistants (PAs), etc.)
- Allied health roles

### In 3-5 years

- Allied health professionals in community clinics

**Table 4.3**  
**2A. What categories of primary and other health workers are needed in response to the ACA: immediately, within 2 years, and within 3-5 years?**

<i>Group</i>	<i>Time Period</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Immediately	PCPs	PTs	Coders
	Within 2 yrs.	NPs	Physician Extenders (Bachelor of Science in Nursing (BSN), RNs, PAs, etc.)	No answer provided
	Within 3-5 yrs.	Allied health professionals in community clinics	Community employer-supported climate and access to primary care and wellness programs	No answer provided
<b>B</b>	Immediately	NPs	PCPs and family care physicians	Nurse specialists
	Within 2 yrs.	Allied health roles from San Francisco Bay Center of Excellence top 10	Community health workers	Continuation/framework of previously mentioned services
	Within 3-5 yrs.	Focus study on community implementation of ACA	Needs assessment	Implementation of revision

In addition to the summary items described in Table 4.3, the following ideas were also noted during round table discussions:

- Hospital employed physicians
- Multi-lingual clinicians
- Mental/Behavioral health workers

Responses for question 2B are indicated in Table 4.4. The following items were identified for the follow-up prioritization survey:

- Revision of physician employment regulations
- Increased clinic training opportunities
- Additional funding for facilities offering on-site clinical training
- Loan forgiveness programs for healthcare professionals
- Funding to establish a framework for continuum of care which addresses clinical and cultural competence
- Monetary incentives for students to pursue primary care career opportunities

**Table 4.4**  
**2B. Describe Federal, State, and Local policy changes that could be implemented that would aid in the recruitment, education, training, or retaining of the health workforce.**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Allow hospitals to employ Doctors of Medicine (MDs)	More hands-on training	Pay facilities with students at their site as a clinical training program
<b>B</b>	Monetary incentive to pursue primary/preventive/community health professions	Loan forgiveness programs	Funding for establishing a framework for continuum of care addressing clinical and cultural competence

In addition to the summary items described in Table 4.4, the following ideas were also noted during round table discussions:

- Computer literacy
- Addressing scope of practice for PAs and NPs
- Provide tax incentive for clinicians to become educators

### RESPONSES FOR QUESTION 3

Question 3 had two subsections which were discussed:

- 3A. What resources are currently being invested or utilized in the region to recruit, educate, train, or retain the health workforce (see sample matrix) and strengthen partnerships?
- 3B. Where is additional investment needed?

Question 3A was re-administered on the follow-up survey to gather additional regional resource information. Table 4.5 specifies current resources identified by focus group participants.

**Table 4.5**  
**3A. What resources are currently being invested or utilized in the region to recruit, educate, train, or retain the health workforce (see sample matrix) and strengthen partnerships?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Collaboration between California State University, Monterey Bay (CSUMB) and community colleges for resources	Pathway development	Health Careers Partnership in Santa Cruz county
<b>B</b>	Simulation labs are available at community colleges and hospitals	Information technology is where resources have been going	Summer Health Institute at Salinas Valley Memorial Healthcare System and career fairs for middle and high school students

All discussion topics captured on the note-taking instrument are indicated in Table 4.5. The participants did not indicate any additional items for question 3A.

Responses for question 3B are indicated in Table 4.6. The following items were identified for the follow-up prioritization survey:

- Patient-centered medical homes
- Retraining of current workforce
- Integration of different educational modalities
- Engagement of recent healthcare graduates until they are employed
- Technology skills training for healthcare professionals
- Basic skills education/training such as math, reading, writing, and customer service

**Table 4.6**  
**3B. Where is additional investment needed?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Patient-centered medical home	Retraining current workforce and entry-level workforce	Integration of educational modalities
<b>B</b>	Keeping recent graduates engaged until workforce demands increase	Technical skills, hardware, software, and medical understanding	Basic skills: math, reading, writing, customer service

All discussion topics captured on the note-taking instrument are indicated in Table 4.6. The participants did not indicate any additional items for question 3B.

## RESPONSES FOR QUESTION 4

Question 4 had three subsections which were discussed:

- 4A. What successful models of health professions education and training currently exist to supply the health workers necessary to improve healthcare in the region?
- 4B. What types of new models will be needed to meet the impact of ACA?
- 4C. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.

Question 4A was re-administered on the follow-up survey to identify additional successful models of health professions education and training within the region. Table 4.7 specifies the successful models identified by focus group participants.

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Community colleges, Regional Occupational Programs (ROPs), and CSUMB	Homecare worker training center certification programs	One-stop, Workforce Investment Board (WIB), and Community Hospital of the Monterey Peninsula trainings
<b>B</b>	Collaboration with education institutions	Career Technical Education	Community college transfer program to the California State University system

In addition to the summary items described in Table 4.7, the following ideas were also noted during round table discussions:

- Community Hospital of Monterey offers training for entry-level positions
- All training programs struggling due to budget cutbacks

Responses for question 4B are indicated in Table 4.8. The following items were identified for the follow-up prioritization survey:

- Short-term ramp-up certification programs
- Home healthcare delivery for a variety of community settings
- Preventative care programs
- Training for in-home care providers
- Revision of new graduate acute care training
- High-risk, low volume scenarios for continuing education opportunities

**Table 4.8**  
**4B. What types of new models will be needed to meet the impact of ACA?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Short-term ramp-up certification programs	Community, neighborhood, and home healthcare delivery	Preventative wellness (nutrition, exercise, healthy-living) care programs
<i>B</i>	Grooming/training for in-home care providers	Revision to new graduate acute care training	Simulation as a tool for ongoing education for high risk, low volume scenarios

In addition to the summary items described in Table 4.8, the following idea was also noted during round table discussions:

- Practical hands-on models which are tied to workplaces (e.g., volunteer experience)

Responses for question 4C are indicated in Table 4.9. The following items were identified for the follow-up prioritization survey:

- Broadband network between clinics and hospitals for improved communication
- Centers of Excellence linking agencies and delivery systems
- Preventative wellness initiatives
- Statewide designations for schools of excellence for specialty areas
- Subsidized tuition for healthcare training in specialty areas based on regional need
- Buy-in from accrediting organizations

**Table 4.9**  
**4C. Describe Federal, State, and Local policy changes that could be implemented that could facilitate new and successful models.**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Electronic broadband network between clinics and hospitals	Accountable care to link agencies and delivery systems (centers of excellence)	Preventative wellness initiatives
<i>B</i>	Statewide designations for schools of excellence for specialty areas	Subsidize tuition to go into other areas of specialty depending on regional need	Buy-in from accrediting organizations

All discussion topics captured on the note-taking instrument are indicated in Table 4.9. The participants did not indicate any additional items for question 4C.

## RESPONSES FOR QUESTION 5

Question 5 had three subsections which were discussed:

- 5A. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?
- 5B. What else is needed?
- 5C. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.

Additional information pertaining to question 5A was requested on the follow-up survey (see question 5B; Table 4.10).

**Table 4.10**

**5A. What best practices and models exist to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Pipeline programs like: Summer Health Institute, career fairs, Regional Occupational Programs (ROPs)	Bilingual competency training in the form of English as a Second Language (ESL) and pronunciation training and also medical terminology in Spanish for non-Spanish speakers	CSUMB requires second language proficiency
<i>B</i>	Health Careers Partnership	ROP/Workforce Investment Board (WIB)	State and University best practice models

In addition to the summary items described in Table 4.10, the following ideas were also noted during round table discussions:

- Certified interpretation services
- Males in Nursing program

Responses for question 5B are indicated in Table 4.11. The following items were identified for the follow-up prioritization survey:

- Alignment of funding and healthcare agencies toward a common continuum of care
- Secured funding for training programs with waitlists
- Vocational skills training and funding
- Healthcare career fairs and partnerships with ROPs
- Healthcare institute for teachers and counselors
- Mentorship programs between healthcare professionals and middle and/or high school students

**Table 4.11**  
**5B. What else is needed?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<i>A</i>	Models of care with central focus and partners (alignment of funding and agencies toward a common goal)	Immediate funding in programs with waitlists and secured future funding	Vocational skills training and funding
<i>B</i>	Healthcare career fairs	Healthcare Institute for teachers and counselors	Mentorship programs between healthcare professionals and middle/high school students

In addition to the summary items described in Table 4.11, the following ideas were also noted during round table discussions:

- War on poverty programs
- Partnerships between schools and industry
- Consistent linguistic training services
- Increase wellness programs
- Summer externships for high school teachers
- Career fairs with youth organizations

Responses for question 5C are indicated in Table 4.12. The following items were identified for the follow-up prioritization survey:

- Incentives to education/training programs that provide an emphasis on cultural and linguistic competency
- Increased life-span for grants
- Standardized course curriculum
- WIB dollars to be used for incumbent staff training in cultural and language competency
- Acceptance to CSUs for disadvantaged students with practical experience
- Mandate for K-12 to include cultural awareness education

**Table 4.12**

**5C. Describe Federal, State, and Local policy changes that could be implemented to increase workforce diversity and to ensure that patients have access to care provided in a culturally and linguistically appropriate manner.**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Incentive with additional weight on metric for cultural/linguistic competency	Increased life-span for grants	Standardized course curriculum
<b>B</b>	Allow WIB dollars to be used for incumbent staff training in cultural and language competency	CSUs provisional acceptance into clinical majors for disadvantaged students with lower grade point average (GPA) but have practical experience	Mandate for K-12 to include cultural awareness education

In addition to the summary items described in Table 4.12, the following ideas were also noted during round table discussions:

- Immersion component to language training

## RESPONSES FOR QUESTION 6

Question 6 had two subsections which were discussed:

- 6A. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region? (e.g., local workforce investment boards, one-stop career centers, community colleges, adult education, private training institutions)
- 6B. What actions are necessary to strengthen existing partnerships and/or form new partnerships?

Question 6A was re-administered on the follow-up survey to gather additional best practices and models within the region. Table 4.13 specifies partnerships identified by focus group participants.

**Table 4.13**

**6A. What partnerships are you involved in that you believe will be necessary at the state and regional level to meet the health workforce needs of this region? (e.g., local workforce investment boards, one-stop career centers, community colleges, adult education, private training institutions)**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Current best models (simulation labs, summer health institute, high school career modeling, mentors)	Local and regional collaboration to align employers' need with education, curriculum, and job placement	Basic customer service and essential employability skills
<b>B</b>	Health Careers Partnership	Health Improvement Partnership of Santa Cruz County	Monterey Bay Geriatric Resource Center

In addition to the summary items described in Table 4.13, the following ideas were also noted during round table discussions:

- Central Coast community clinics
- Healthcare advisory roundtable
- Latino elder forum

Responses for question 6B are indicated in Table 4.14. The following items were identified for the follow-up prioritization survey:

- Sharing of best practice models between healthcare institutions
- Develop articulation agreements between education institutions
- Standardize regulations across governing boards
- Recommend healthcare coalition regional summit
- Provide administrative and financial support to organization partnerships
- Share best practices between coalitions

**Table 4.14**  
**6B. What actions are necessary to strengthen existing partnerships and/or form new partnerships?**

<i>Group</i>	<i>Summary Item 1</i>	<i>Summary Item 2</i>	<i>Summary Item 3</i>
<b>A</b>	Technology to support video catering and broad sharing of effective models and successes to other institutions	Develop articulation agreements between institutions	Standardize regulations across governing boards
<b>B</b>	Recommend healthcare coalition regional summit	Provide administrative and financial support to organization partnerships	Share best practices between coalitions

All discussion topics captured on the note-taking instrument are indicated in Table 4.14. The participants did not indicate any additional items for question 6B.

## SECTION FIVE: FOLLOW-UP SURVEY

An online follow-up survey was developed to assess the prioritization of the group identified responses and gather additional information from all regional pre-registered participants and on-site attendees. The online survey was distributed to 51 individuals and had a response rate of 2.0 percent (n = 1) and a completion rate of 0.0 percent (n = 0). Therefore, there are no results to report.

## Appendix A: Focus Group Note Taking Instrument



## MONTEREY

### Round Table Discussion

Table Number: # \_\_\_\_\_

Table Scribe: \_\_\_\_\_

Table Spokesperson: \_\_\_\_\_

**Question 1A: What are the most significant health workforce development challenges in this region?**

**SUMMARY:**

After discussions with the group, capture the top three responses and corresponding next steps.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**NOTES:** \_\_\_\_\_

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